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Bib Data Sheet

CONFIRMATION NO. 2853

<b>SERIAL NUMBER</b> 09/743,544	<b>FILING DATE</b> 05/04/2001 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1643	<b>ATTORNEY DOCKET NO.</b> 21486-024
<b>APPLICANTS</b> Ronald A. Faris, Providence, RI;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A 371 OF PCT/US99/15625 07/08/1999 WHICH CLAIMS BENEFIT OF 09/113,774 07/10/1998 PAT 6,129,911				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>** SMALL ENTITY **</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>                    </u> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> RI	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 48
			<b>INDEPENDENT CLAIMS</b> 3	
<b>ADDRESS</b> Ingrid A Beattie Mintz Levin Cohn Ferris Glovsky & Popeo One Financial Center Boston, MA 02111				
<b>TITLE</b> Liver stem cell				
<b>FILING FEE RECEIVED</b> 747	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			
		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____		